

**NORTH DAKOTA LIVESTOCK WASTE MANAGEMENT SYSTEM  
SRF LOAN PROGRAM APPLICATION**  
(11/2005)

**Applicant Information**

- 1) Applicant Name: \_\_\_\_\_
- 2) Type of Facility Ownership/Management:  
\_\_\_\_ Individual      \_\_\_\_ Cooperative      \_\_\_\_ Partnership
- 3) Name of Livestock Operation: \_\_\_\_\_
- 4) Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**General Facility Information**

- 1) Location of Livestock System:  
Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ County \_\_\_\_\_
- 2) Type of Facility:  
(a) Existing Facility: \_\_\_\_\_ Relocated Facility: \_\_\_\_\_ *(NOTE: Development of new facilities or expansion of existing facilities are not eligible for loan assistance)*  
(b) Open Lot \_\_\_\_\_ Confined in Barn \_\_\_\_\_ Other (describe): \_\_\_\_\_  
\_\_\_\_\_

**Status of Manure Management System Permit**

An Application for Approval and all required information for the planned system must be submitted to the ND Department of Health (NDDH) before the loan application can be approved. For information on the NDDH permitting process or type of required information, contact Mike Berg at 328-5219 or Greg Sandness at 328-5232.

- 1) Has an Application for Approval for the manure management system and all the required information been submitted to the ND Department of Health?  
Yes \_\_\_\_\_ Date submitted \_\_\_\_\_  
No \_\_\_\_\_ Approximate date to be submitted \_\_\_\_\_
- 2) Has the ND Department of Health issued an Approval to Operate for the manure management system?  
Yes \_\_\_\_\_ Date Issued \_\_\_\_\_  
No \_\_\_\_\_ Expected approval date \_\_\_\_\_
- 3) Has the manure management system been fully constructed?  
Yes \_\_\_\_\_ Date Completed \_\_\_\_\_  
No \_\_\_\_\_ Planned Completion Date \_\_\_\_\_

### **Type and Number of Livestock**

Indicate the type and number of all livestock to be fed and/or housed within the manure management system. Also provide an estimate on the time period and maximum number of days each livestock type will be fed/housed in the system during any 12-month period.

Livestock Type	Maximum Number of Livestock		Days Fed/Housed On Site	
	Before Construction	After Construction	Total Number	General Period (e.g. Dec-March)

### **System Costs and Assistance Request**

1) Total costs of the system: \$\_\_\_\_\_ *NOTE: Attach a detailed summary of the actual construction costs if the system has been constructed. (OR) If the system has not been constructed, attach a copy of the engineer's cost estimate provided with the system design. Under either situation, the activities or practices eligible for SRF loan assistance will be limited to the same practices that are eligible for cost share assistance under the ND NPS Pollution Management Program.*

2) List the source(s) and amount(s) of local, state or federal cost share assistance that will be used to support the installation of the system. Enter (N/A) if no cost share funds will be utilized.

Cost Share Program	Administering Organization and Local Contact	Amount of Cost Share	Match Required	Total
<b>Total</b>				

3) How will the requested loan be used?

- (a) \_\_\_\_ Finance the total costs of the system with no cost share assistance  
(b) \_\_\_\_ Finance the match requirements associated with the cost share programs listed above.

4) Total SRF loan funds requested: \$\_\_\_\_\_ *NOTE: The cumulative total of all the cost share funds plus the requested SRF loan funds cannot exceed the total eligible costs of the system listed in #1 above.*

### **Signature**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_